

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/552802 FILING DATE \_\_\_\_\_  
APPLICANT \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st ALTERNATIVE		AFTER 2nd ALTERNATIVE			AS FILED		AFTER 1st ALTERNATIVE		AFTER 2nd ALTERNATIVE	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	13	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	14						TOTAL CLAIMS						